

A FDID <u>127316</u> State <u>MA</u> Incident Date <u>06/25/2015</u> Station <u>341</u> Incident Number <u>2</u> Exposure <u>2</u>		MM DD YYYY		NFIRS - 1 Basic	
B Location 1 - Street address Address Type <u>1</u> Number/Milepost <u>21</u> Prefix <u>PEARL</u> Street or Highway <u>Street</u> Street Type <u></u> Suffix <u></u> <u></u> Apt./Suite/Room <u></u> City <u>WEBSTER</u> State <u>MA</u> Zip Code <u>01570</u> Census Tract <u></u> Cross street or directions, as applicable <u></u>					
C Incident Type <u>111 - Building fires</u> Incident Type <u></u>		E1 Dates & Times Midnight is 0000 Month Day Year Hour Min Seconds Alarm <u>06/25/2015</u> <u>13:06</u> Arrival <u>06/25/2015</u> <u>13:09</u> Controlled <u></u> <u></u> Last Unit Cleared <u>06/27/2015</u> <u>06:50</u>		E2 Shifts & Alarms Local Option <u></u> <u></u> <u>220</u> Shift or platoon <u></u> Alarms <u></u> District <u></u>	
D Aid Given or Received Their FDID <u></u> Their State <u></u> Their Incident Number <u></u> <u>1 - Mutual aid received</u> Type Aid Given or Received <u></u>		E3 Special Studies Local Option <u></u> <u></u> Special Study ID# <u></u> Special Study Value <u></u>			
F Actions Taken <u>11 - Extinguish</u> Actions Taken <u></u>		G1 Resources <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <u>13</u> <u>13</u> EMS <u>5</u> <u>5</u> Other <u>8</u> <u>8</u> <input type="checkbox"/> Check box if resource counts include aid received resources.		G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. Property \$ <u>100000</u> Contents \$ <u>0</u> PRE-INCIDENT VALUE: Optional Property \$ <u>190000</u> Contents \$ <u>0</u>	
H1 Casualties Deaths Injuries Fire Service <u>0</u> <u>0</u> Civilian <u>0</u> <u>0</u>		H2 Detector <u>U - Unknown</u> H3 Hazardous Materials Release <u>N - None</u> Mixed Use Property <u>NN - Not mixed use</u> J Property Use <u>700 - Manufacturing, processing</u>			
K1 Person/Entity Involved <u>MIKE</u> <u>LIBERTY CLUB</u> Mr., Ms., Mrs. First Name MI Last Name Suffix <u>103</u> <u>N MAIN</u> <u>Street</u> Number Prefix Street or Highway Street Type Suffix <u></u> <u>WEBSTER</u> Post Office Box Apt./Suite/Room City <u>MA</u> <u></u> <u></u> State Zip Code Business name (if applicable) Area Code Phone Number					
K2 Owner <u></u> Mr., Ms., Mrs. First Name MI Last Name Suffix <u>21</u> <u>PEARL</u> <u>Street</u> Number Prefix Street or Highway Street Type Suffix <u>899</u> <u>WEBSTER</u> Post Office Box Apt./Suite/Room City <u>MA</u> <u>01570</u> <u>SILVER LINER REAL EST. CO</u> State Zip Code Business name (if applicable) Area Code Phone Number					

A FDID: 27316		State: MA		Incident Date: 06/25/2015		Station: 		Incident Number: 341		Exposure: 2		NFIRS - 2 Fire			
B Property Details B1 0 Y Not Residential <small>Estimated number of residential living units in building of origin</small> B2 0 <small>Number of buildings involved</small> B3 0 <small>Acres burned (outside fires)</small>						C On-Site Materials or Products <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border: 1px solid black; padding: 5px;"> NNN - None </div> <div style="width: 45%; border: 1px solid black; padding: 5px;"> N - None </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <small>On-site materials</small> <small>On-site materials use</small> </div>									
D Ignition D1 86 - Exterior, exposed surface <small>Area of fire origin</small> D2 81 - Heat from direct flame, etc. <small>Heat source</small> D3 11 - Exterior roof covering <small>Item first ignited</small> D4 34 - Adhesive, resin, tar, etc. <small>Type of material first ignited</small> <small>Confined to object of origin</small>						E1 Cause of Ignition 0 - Cause, other (conversion and) <small>Cause of ignition</small>				E2 Factors Contributing To Ignition 71 - Exposure fire <small>Factors contributing to ignition</small>				E3 Human Factors Contributing To Ignition <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <small>Estimated age of person involved</small> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <small>Gender of person involved</small> </div>	
F1 Equipment Involved In Ignition <small>Equipment Involved</small> <small>Brand</small> <small>Model</small> <small>Serial #</small> Year 						F2 Equipment Power <small>Equipment power source</small>				F3 Equipment Portability <small>Equipment portability</small>				G Fire Suppression Factors 434 - Poor or no access for fire department apparatus <small>Fire suppression factors</small>	
H1 Mobile Property Involved N - None <small>Mobile property involved</small> <small>Mobile property model</small> <small>License plate number</small> <small>State</small> <small>VIN number</small>						H2 Mobile Property Type & Make <small>Mobile property type</small> <small>Mobile property make</small> <small>Year</small>				Local Use <div style="border: 1px solid black; height: 100px; width: 100%;"></div>					

A

27316

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Exposure

NFIRS
Remarks

Remarks

The building at 21 Pearl St. owned by Silver Liner Real Est. Co. became involved due to direct flame impingement from the fire originating at 35 Pearl St. Mutual aid companies made a trench cut and an aggressive attack with large lines to hold the fire from involving the entire building. Aprox. 1/4 of the building sustained fire damage.

M

Authorization

BH1466

Officer in charge ID

Signature

Chief

Position or rank

Command

Assignment

06/25/2015

Month Day Year

KA1344

Member making report
ID

Kevin

Adams

Signature

Lieutenant

Position or rank

Communicat

Assignment

06/25/2015

Month Day Year